

# PSYCHOLOGY INFORMATION FOR STUDENTS

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1. What Really Happened - The "Bobo" Doll Experiments
2. The Contribution of Cognitive Neuropsychology to  
Understanding Cognitive Processes
3. Ethical Issues in Non-Experimental Research
4. Hegemony (Antonio Gramsci)

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# What Really Happened - The "Bobo" Doll Experiments

## INTRODUCTION

Albert Bandura is famous for his experiments at Stanford University, California with the "Bobo" doll to test for the imitation of aggressive behaviour by young children. The original study was reported as Bandura, Ross, and Ross (1961), with key developments in Bandura, Ross and Ross (1963), and Bandura (1965).

## BANDURA, ROSS AND ROSS (1961) - METHOD

This study involved 36 boys and 36 girls with an average age of 52 months (range 37-69 months) <sup>(A)</sup>. They were divided into eight experimental groups of 6 <sup>(B)</sup>, and one control group of 24 children.

Each group was based upon matching <sup>(C)</sup> the children on pre-experiment aggression ratings by teachers and observers <sup>(D)</sup>. The children were rated on four scales: physical aggression, verbal aggression, aggression towards inanimate objects, and aggression inhibition.

## Part 1 of the Experiment - Observation of Model

The basic design of the experiment was to place the children alone in a playroom for 10 minutes with an adult acting as the model <sup>(E)</sup>. The nine groups in the experiment were divided into three types:

i) "Aggressive conditions" - the adult hits the five foot high "Bobo" doll <sup>(F)</sup>, and performs distinct acts of aggression like sitting on the doll, throwing it in the air, or hitting it with a wooden mallet. The presence of verbal aggression towards the doll was varied (ie: present or absent). Distinct phrases like "Sock him in the nose" and "He keeps coming back for more" were used.

There were four "aggressive conditions":

- aggressive female model with female participants;
- aggressive male model with male participants;
- aggressive female model with male participants;
- aggressive male model with female participants.

ii) "Non-aggressive conditions" - the adult spends the time playing alone with the toys, and ignores the "Bobo" doll and the child <sup>(G)</sup>.

There were four "non-aggressive conditions":

- non-aggressive female model with female participants;
- non-aggressive male model with male participants;
- non-aggressive female model with male participants;
- non-aggressive male model with female participants.

iii) Control group - the child is alone in the playroom with no adult model <sup>(H)</sup>.

## Part 2 of the Experiment - Imitation of Model

The child is deliberately frustrated by the experimenters. They show the child new toys, get them excited about playing with the new toys for two minutes, and then stop the child from doing it <sup>(I)</sup>. Then the child is left in the playroom for 20 minutes with a selection of other toys, including a three foot high "Bobo" doll <sup>(J)</sup>.

The child's aggressive behaviour was observed through a one-way mirror, and by an adult sitting in the corner of the playroom <sup>(K)</sup>. Two observers allowed the establishing of inter-observer reliability for the aggression scores.

The twenty minute observation period was divided into five-second intervals to give a total of 240 response units. For each unit of time, the participants were scored on three measures of "direct imitation": physical aggression towards the "Bobo" doll, verbal aggression and verbal non-aggression towards it. There was also a measure of "partial imitation"; eg: use of the mallet but not on the "Bobo" doll <sup>(L)</sup>.

## FINDINGS

This experiment made a number of findings about aggression and imitation.

1. There was significantly more aggressive acts towards the "Bobo" doll in the "aggressive conditions" than in the "non-aggressive" or control conditions (table 1).

	"AGGRESSIVE CONDITIONS"	"NON-AGGRESSIVE CONDITIONS"	CONTROL CONDITION
MEAN AGGRESSION SCORES:			
PHYSICAL	50.9	4.2	3.2
VERBAL	32.7	0.4	2.4

Table 1 - Mean aggression scores in three conditions.

2. Boys had significantly higher physical aggression scores towards the "Bobo" doll than the girls, but not for verbal aggression (table 2).

	GIRLS	BOYS
MEAN AGGRESSION SCORES:		
PHYSICAL	12.7	38.2
VERBAL	15.7	17.0

Table 2 - Mean aggression scores in "aggressive conditions" based on sex of participants.

3. There was a significantly greater aggression score for imitation of the adult male model for physical aggression by both sexes (table 3).

	GIRLS	BOYS	TOTAL
MEAN AGGRESSION SCORES:			
PHYSICAL			
male model	7.2	25.8	33.0
female model	5.5	12.4	17.9
VERBAL			
male model	13.7	4.3	18.0
female model	2.0	12.7	14.7

Table 3 - Mean aggression scores based on sex of model.

4. Children in the "non-aggressive conditions" obtained lower aggression scores than the children in the control condition (table 4).

MEAN AGGRESSIVE SCORE	"NON-AGGRESSIVE CONDITIONS"		CONTROL CONDITION	
	PHYSICAL	VERBAL	PHYSICAL	VERBAL
girls	2.5	0.3	1.2	0.7
boys	1.7	1.1	2.0	1.7

Table 4 - Levels of aggression in "non-aggressive" and control conditions.

#### FURTHER RESEARCH

Albert Bandura used this same basic experimental design in future experiments.

##### 1. Bandura, Ross and Ross (1963)

This experiment compared the amount of imitation of aggression and non-aggression between live adult models and filmed ones. There was greater imitation for the filmed models (M).

##### 2. Bandura (1965)

Bandura used only filmed adult models here, but varied the ending of the film. There were three possible endings:

- i) The adult is aggressive towards the "Bobo" doll only (control condition);
- ii) The adult is aggressive towards the "Bobo" doll, and then rewarded by another adult with sweets and lemonade to restore their energy ("reward condition");
- iii) After the aggression, the adult is punished ("punishment condition").

When left in the playroom, the children in conditions (i) and (ii) were equally as aggressive towards the "Bobo" doll (mean number of imitated aggressive responses = 2.5) compared to the "punishment condition" (1.5 acts).

Later the children were asked to deliberately copy the behaviour they had seen on the film. All three conditions were equally as aggressive (mean 3.5 acts). This research made the distinct between learning the behaviour, and performance of the behaviour based on expectation of reward or punishment.

#### EVALUATIVE NOTES

A. There are ethical issues surrounding the use of young children in psychological research, and particularly in attempting to change their behaviour in a negative way.

The BPS (1991) guidelines on research ethics say: "Investigators have a primary responsibility to protect participants from physical and mental harm during the investigation. Normally, the risk of harm must be no greater than in ordinary life.." (p10).

Producing behaviour change, particularly negative, is also discouraged. If the experiment had succeeded, then the children would have become more aggressive.

Furthermore, there is little evidence of the researchers obtaining parents' permission to study the children. It is assumed that the nursery school teachers gave permission because they participated in the study by rating each child's level of aggression before the experiment began.

B. Each group is quite small which limits the possibility of the generalisation of the results. Also statistical analysis of the results can be influenced by a small sample; eg: the Z test requires at least thirty participants in each group to work accurately (Miller 1984).

C. Matching is a type of experimental design where the participants are paired together based on similarity in a relevant variable, and then each participant does one condition only (Brewer 2002). This type of design has both advantages and disadvantages (table 5).

ADVANTAGES	DISADVANTAGES
- groups are similar on relevant variables	- difficult to match all participants
- no order effects*	- if one participant of pair leaves experiment, then the other one's data cannot be used
- keeps participants naive about experiment	

\* Order effects are where the participation in one condition influences participation in the later condition. For example, the participants may be tired (fatigue effect).

Table 5 - Advantages and disadvantages of matched experimental design.

D. The use of two separate sources of the same behaviour allows for inter-observer (or inter-rater) reliability.

This reduces the possibility of observer bias.

E. This was a lab-based study which limits the generalisability of the results to "real life". The study has low ecological validity.

F. A "Bobo" or "Bozo" doll is a large inflated plastic clown with a weighted base. It will bounce back up again when pushed down or hit.

G. There was no interaction between the child and the adult, which makes the situation different to the normal environment.

The adult model was also a stranger and this could have affected the child's behaviour. Again the generalisability of the findings on observational learning of aggression must be questioned.

H. The experiment used a control group as a baseline measure by which to compare the experimental conditions. This is a good experimental design with comparison groups as well (four "aggressive conditions and four "non-aggressive conditions").

I. This part of the experiment is often overlooked. The children did not simply observe the model and copy the behaviour, but they were frustrated. In fact, it could be argued that the children's subsequent aggression with the "Bobo" doll was the result of frustration not observational learning. There are also ethical concerns about deliberately frustrating the children in this way.

J. Cumberbatch (1992) noted a number of experimental weaknesses here which encouraged the children to be aggressive towards the "Bobo" doll. These weaknesses include:

i) The "demand characteristics" of the experiment made it clear to the child what was expected.

Orne (1962) used the term "demand characteristics" to mean implicit cues in the experiment which communicate to the participant what is expected of them.

ii) The "Bobo" doll is pleasant to hit because it always bounces back up.

Cumberbatch (1992) admitted that "My own Bobo doll was wrecked through the enthusiasm of an elderly psychology professor who seemed unable to resist the



temptation to kick it whenever he came into my office".

iii) The novelty of the "Bobo" doll would increase aggression scores.

A better measure of imitated aggression would be when the child is familiar with the doll, and any novelty has gone.

iv) This was a permissive environment where no adult punishment stopped the child from being aggressive, as in the family situation.

K. The presence of an observer in the playroom could have produced participant reactivity. This is a change in the participant's behaviour because they know they are being watched. This can be a source of error for the reliability of the results.

L. These were only short-term measures of aggression and imitation. However, studies have found that such imitation is retained over a number of months. For example, 6-8 months after the experiment, 40% of the model's aggressive acts could be reproduced after a single showing of the film (Hicks 1968; reported in Gross 1999).

The aggression measured was upon an inanimate object not a person. Studies have found a positive correlation between both types of aggression. For example, Johnson et al (1977; reported in Gross 1999) found a significant correlation of +0.76 between aggression towards a "Bobo" doll and general aggression as rated by peers.

Another criticism is that only certain types of aggression were measured. Cumberbatch (1992) felt that it may be better to see the behaviour as "rough and tumble play" rather than aggression as usually understood.

M. The aggressive versions of the film lasted 3 minutes and contained only aggressive acts towards the "Bobo" doll. This makes them different to television programmes which contain aggression in context. The applicability of these findings to the "television causes violence" debate is questioned (Cumberbatch 1992).

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# The Contribution of Cognitive Neuropsychology to Understanding Normal Cognitive Processes

## INTRODUCTION

Cognitive neuropsychology, the study of "patterns of cognitive performance in brain damaged patients" (Eysenck and Keane 2000), has gained in momentum and importance over the last twenty five years and has emerged as a major methodology, alongside the similar cognitive science and cognitive neuroscience and experimental, introspective and cognitive modelling methodologies.

The rise could be attributed to both greater understanding of cognition in general, alongside advancing neuroimaging techniques for studying the brain such as CAT and MRI scanning.

This article will seek to explain the methodology and it's increasing contribution, the interface between methodologies and the comparative strengths and weaknesses. These issues will be discussed amongst examples of cognitive neuropsychological research including those where the evidence confirms cognitive theories already posed, where patterns of impaired cognition correlate and can be accounted for by specified processes attributed to the theory.

Examples where the contribution of this method provides evidence contrary to existing theories and new theories derived from this methodology will also be discussed.

## AIMS OF COGNITIVE NEUROPSYCHOLOGY

One of the essential aims of cognitive neuropsychology, according to Ellis and Young (1988):

is to draw conclusions about normal, intact cognitive processes from the patterns of impaired and intact capabilities seen in brain injured patients...the cognitive neuropsychologist wishes to be in a position to assert that observed patterns of symptoms could not occur if the normal, intact cognitive system were not organised in a certain way.

The above quotation, focusing around organisation of the cognitive system, obviously carries with it some fairly strong theoretical assumptions. These do interlink and form part of the debate around the strengths and weaknesses of the field, particularly in comparison to the other methods.

It must be noted that methodologies and their

contribution can only be compared to knowledge derived from other methodologies. Language will often be used as exemplar, as this is by far the most studied and most successful. However, not just lower level processes that are fairly well understood, such as language and face recognition, have been investigated and this will also be discussed, in questioning major assumptions.

## STUDY OF BRAIN-DAMAGED PATIENTS

The first most obvious assumption is that the study of brain damaged patients can tell researchers a great deal about normal cognitive functioning.

In general terms, the brain trauma site can be seen as the experimental independent variable, which is manipulated in advance. But extrapolating this kind of evidence to the normal cognitive system is not without problems (Shallice 1982), due to methodological weaknesses.

Shallice debated this issue in terms of averaging over whole groups with similar loss of function, versus single case studies. Research, after all, is only as good as the methodology.

Furthermore, the issue has been raised that neuropsychological data is neither reliable nor applicable to normal cognitive functioning (Gregory 1981).

The nature of patients with brain trauma is also problematic. The brain is tangled full of over fifty billion closely knit, interconnected neurons and as a result, brain trauma is literally hit and miss - neuropsychologists cannot choose the nature of or size of lesions to their patients' brains. Often the whole of cognition is impaired.

Even smaller, more specific lesions can lead to difficulties in identifying specific loss of function - whole groups of patients with similar lesions often have very different deficits.

This could be down to these physiological issues and would have much to answer for in terms of the tight experimental controls imposed in the laboratory based versions of experimental methodology.

This could also, as Banich (1997) suggested, be down to the fact that individuals:

typically vary widely in terms of age, socioeconomic status and educational background. Prior to brain damage these individuals may have had diverse life experiences. Afterwards, their life experiences may vary too, depending upon the type of rehabilitation they receive, their attitudes towards therapy and recovery and their social support network.

This idea of individualism extends even to localisation of some kinds of function. Ojemann (1991; quoted in Eysenck and Keane 2000), for example, studied 117 epileptic patients undergoing surgery. As patients/participants named pictures, their exposed cortex was subjected to a small electrical current, which acted as a temporary cortical lesion. The interference caused to the task varied considerably patient to patient.

The researcher can also never know if a lesion covers a specific brain area, or the linkage between sites that would usually support a function - this does question other assumptions, as does research mentioned later (see modularity and isomorphism later).

A final controversial issue within this assumption is that neuropsychologists, when researching behaviour of those with trauma, could actually be examining the brain's ability to replace damaged function with another area of the brain; eg: deep dyslexics, where those suffering displayed clearly different reading strategies to normal and other dyslexic counterparts.

Work by Ellis and Young (1988) with deep dyslexics who displayed strong double dissociations, resulted in a model of three routes from the written word to speech and did much to confirm previous theory, derived from experimental methodology.

This is not always the case, but a good example of two strong methodologies providing converging evidence - which obviously strengthens the case for a theory.

Alongside this is the notion that they have no prior knowledge of normal cognitive function in an individual prior to damage (although Ellis and Young cited above did know their patients' prior reading ability), or a great deal about their previous lives and experiences.

## MODULARITY OF COGNITIVE PROCESSES

The second assumption is that the cognitive system, at a functional and neuroanatomical level, is modular.

Fodor (1983), in his controversial philosophical book, "The Modularity of Mind" did offer a great deal of support for this area from the philosophical discipline. In distinguishing between two systems, the input and central, he asserted that the brain was domain specific, even in areas of complex functioning, such as language and face recognition (both examples discussed later). Central functions, such as reasoning and problem-solving, were described as higher level and operated across domains. He also asserted that modules function independently - the idea of information encapsulation,

with very little sharing of resources, for example with memory.

Finally, Fodor proposed the idea of hard wired neural mechanisms, where localised neural mechanisms support modular systems that do not have any flexibility. As will be seen in the examples, this does disagree with some neurological findings.

Although these issues have been criticised, most cognitive researchers do subscribe to a greater or lesser degree of modularity, for lower level functions.

Cognitive modelling, particularly of whole architectures also (to varying degrees) assumes this modular approach and it is the original essence of the modal model.

ACT\* (Anderson 1987; 1990) is comprised of separate, but interconnected modules. PDP (Rumelhart and McClelland 1986) also has both localised and distributed elements to its make-up.

The two methodologies have been combined in very recent research - the IAC model of person recognition (Burton et al 1991) was meant to simulate the behaviour of a traumatised patient that could not recognise familiar faces. The model's explanation of face recognition, for separate supported evidence for patient "ME" and her pattern of deficits. She could state that a person's face or name was familiar, but could not say why in each case.

In terms of the IAC model, this could be explained - she was unable to get past the stage of person identity nodes, which signals familiarity. Semantic information system access was also lost.

Further research, by De Haan et al (1991) confirmed this, when she successfully named 23/26 faces from a choice of three names. The combination of the precise nature of modelling and vague nature of lesioning in real humans can be seen as further converging evidence, particularly when the case study was a single person.

## ISOMORPHISM

Isomorphism is another assumption, closely linked to modularity - meaning brain and mind have the very same form, implying that modules and function are localised within the brain. Thus damage to one module will not affect functioning within another undamaged module - the effects would only be local.

Farrah (1994) has disputed this, stating that "it undercuts much of the special appeal of cognitive architecture" and Banich (1997) further stated "that even complex cognitive functions which a modular description seems to rely upon a number of interconnected brain

regions or systems".

This dispute surely rubs against the tight controls imposed by experimental laboratory based researchers, although this could compare to the more naturalistic, less rigid experimental method.

These assumptions of modularity and isomorphism could be seen very much to weaken the position of the cognitive neuropsychology methodology.

## SYNDROMES

Perhaps the most controversial of assumptions that not all cognitive neuropsychologists subscribe to is the traditional categorisation system of patient's symptoms into syndromes, in much the same way as psychiatrists classify mental illnesses in classification systems such as DSM-IV (APA 1994) or ICD-10 (WHO 1987).

The case for group and/or single case studies to inform the field is heavily debated in these terms. Unlike experimental researchers, who can pull in large groups of participants, matched in terms of age/class/ethnicity/gender etc, cognitive neuropsychologists are restricted, both in terms of groups and single case studies.

Single case studies often offer excellent evidence, but can also be extremely misleading. As noted previously, patient X may have had cognitive deficits prior to trauma that would convolute evidence gained following trauma.

They may also have developed strategies that replace deficits. In this way, evidence extrapolated from single case studies to wider bodies of normally functioning populations must be treated with caution as against experimental evidence from large groups of matched participants, although this was useful in the dyslexia example.

The underpinning assumptions, however debated, are still prevalent within this field and it seems to be down to the researchers to back these up with evidence, from this and other methodologies.

## METHODOLOGY

How do cognitive neuropsychologists find evidence, from the limited number of patients studied with lesions specific and small enough to study? From a barrage of tests of performance against a normal baseline. This will be discussed through the examples, but one major factor is the presented evidence of dissociations, in particular double dissociations where task deficiencies match in opposites and often support modularity; eg: short and

long term memory.

The case of "KF" and their deficit of short term memory (detailed in Eysenck and Keane 2000) and amnesiacs' loss of short-term memory is a very clear example of evidence for modular function within the memory system.

Dual task methodology, where participants attempt to complete two tasks at the same time can support this evidence and the assumptions above. If one task does not interfere with the completing of another, separate modules for each task are assumed.

From this evidence, models of normal functioning are derived, confirming or disputing previous theories from other methodologies and supporting or denying the underpinning assumptions, some of which have been mentioned.

## RESEARCH EXAMPLES

More specific and detailed examples will now be discussed, including those where the methodology has been applied to higher level processing, previously thought beyond the realm of this field, due to its regard for modularity.

It must be noted that at this stage, very little is known by any of the methodologies regarding how higher level functions such as reasoning is carried out - processes are often described very well.

Experimental psychology has done rather better. This pattern of research between methodologies - newer one striking up with new evidence to replace and dispute theories, may continue in a cycle.

One excellent example of how the research from this field has disputed theories posed by experimental methodology, is object categorisation, or concepts.

For example, Schwartz et al (1979; quoted in Eysenck and Keane 2000) studied patient "WLP". She could read, but had impaired comprehension. Using basic level words and pictures, she was asked to match the picture to the word. At this basic level, she often chose the wrong, but semantically related word; eg: comb (read) and brush (picture).

Further evidence from Warrington's (1975) research of patient "EM" where superordinate concepts seemed to be less susceptible to damage than subordinate.

This prompted Shallice (1982) to doubt the previously held importance of Roschian (Rosch 1975; 1978) basic level. He suggested that later network models (eg: Collins and Loftus 1975) and distributed memory schemes (McClelland and Rumelhart 1986), where patterns of activation encoding superordinate information are far



less disrupted than exemplar patterns, in the light of this evidence, were more influential.

The study of patients suffering from amnesia has resulted in key new theories being generated, of explicit and implicit memory, in spite of the use of the terminology and grouping of sufferers into a syndrome where two separate brain areas are thought to be responsible for the deficits shown (challenging localisation). Patients generally have intact implicit memory, although this can be seen as descriptive rather than explanatory.

Contrary to previous thinking in this area, patients did display very good memory recall, if they did not have to perform this task consciously (Graf and Schacter 1987).

Graf et al (1984) tested cued recall as a test of explicit memory and word completion for implicit memory. Amnesiac patients did as well as normals on the implicit, but far worse on the other.

Higher level thinking was ruled out of this methodology, due to the resistance of this level of processing to the modularity assumption (Fodor 1983).

However, research in puzzles and insight problem (analogous to managing and planning in life) has been attempted and produced interesting findings. Shallice (1982), used the Tower of Hanoi problem and did confirm that patients with frontal lobe damage did perform badly ie they had trouble pre-planning.

## CONCLUSIONS

Bringing together the strengths and weaknesses of the methodology, and the contribution assessed in terms of other knowledge achieved through other methodologies. The greatest contribution in these terms has to be the idea of this methodology as a "test bed" for theory and research based upon the performance of normal individuals, where a process, often lower level such as language, is understood well.

This has resulted in confirming some theories (eg: reading routes), refuting others (eg: object categorisation), and coming up with new ones (eg: theories of memory based upon evidence from amnesiacs).

Identification of areas responsible for brain functioning - local and distributed, has also contributed to understanding. It cannot be forgotten that all methodologies have their pros and cons and this is not an exception. With increased research between the methodologies, the results of understanding cognitive functioning in those with normal and impaired function

could be staggering, if they continue to feed off one another.

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# Ethical Issues in Non-Experimental Psychological Research

## INTRODUCTION

The concern about ethical issues when studying human behaviour in experiments is well discussed (eg: Brewer 2001), and students and researchers are made fully aware of the issues. But in terms of non-experimental research, it is often assumed that ethical issues are less important, if not unimportant. Yet non-experimental research can have as much affect upon the participants as some experimental research.

This article outlines four non-experimental methods, and some of the ethical problems related to their use. Table 1 gives a summary of the ethical issues.

## COVERT PARTICIPANT OBSERVATION

This method involves "going undercover", and becoming a member of a group with restricted access. The identity of the researcher is kept secret from the group members because access to study would be denied to the researcher otherwise. The best known examples of this method in psychology are Rosenhan (1973) "On Being Sane in Insane Places", and Festinger, Riecken and Schachter (1956) "When Prophecy Fails".

In the latter case, three researchers joined a small religious group in the USA that believed that the end of the world was imminent, and only the members of this group would be saved by spaceships from the planet "Clarion". The aim of the researchers was to study how individuals behaved when there was a conflict between attitudes and events; ie: the world did not end and they were not saved by spaceships. This research led to the theory of cognitive dissonance (Festinger 1957) to explain attitude change.

Rosenhan's study involved himself and seven psychiatric students being admitted to psychiatric institutions in the USA as patients. The "pseudo-patients" lied to the psychiatrist about hearing voices in order to be admitted. The aim of the study was to observe the behaviour of the staff towards the patients.

In both studies, accurate observations of the groups would not have been possible if permission to study them had been sort openly.

The most important ethical issue with covert participant observation is deception. The researchers

were acting as members of the group, and so were invited into confidences, which were used as part of the research. In the Festinger et al study, the researchers acted as believers in a group that was very suspicious of outsiders and non-believers.

#### COVERT PARTICIPATION OBSERVATION

Example: joining organisation and keeping identity as researcher secret

PROBLEM	NOT PROBLEM
Gaining consent	Confidentiality
Deception	
Debriefing	
Right to non-participation	
Right to withdraw	
Invasion of privacy	

#### NATURALISTIC OBSERVATION IN PUBLIC PLACE

Example: observation of interactions in shopping centre

PROBLEM	NOT PROBLEM
Gaining consent	Confidentiality
Debriefing	Invasion of privacy
Right to non-participation	
Right to withdraw	

#### INTERVIEW OR QUESTIONNAIRE

Example: investigating views on health behaviour

PROBLEM	NOT PROBLEM
Deception of true meaning of questionnaire	Consent
Invasion of privacy with personal questions	Debriefing
Protection of participants eg: stress of personal questions	Right to non-participation
	Right to withdrawal
	Confidentiality

#### CASE STUDY

Example: detailed picture of individual with mental disorder

PROBLEM	NOT PROBLEM
Invasion of privacy	Consent
	Deception
	Debriefing
	Right to non-participation
	Right to withdraw
	Confidentiality

Table 1 - Ethical concerns with non-experimental methods.

Gaining access to the heart of the group is also an invasion of privacy. The group members did not have a right to non-participation or to withdraw, nor did they give consent for the study. A debriefing may have made group members angry at being tricked.

In defence of these ethical concerns, it is argued that covert participant observation gains insight into a closed group or environment that outside or official observation could not give. In other words, the benefits outweigh the costs (Reynolds 1982).

Many researchers argue that deception is a necessary evil in order to gain accurate results. This has led the American Psychological Association (1973) to list five conditions that may make deception acceptable in research generally:

- i) the research problem is of great importance;
- ii) the research cannot be accomplished without deception;
- iii) there is sufficient reason to believe that the participants will not be distressed when later finding out about the deception;
- iv) the participants still have the right to withdraw from the experiment at any time;
- v) the experimenter takes full responsibility for removing any stressful after effects of the experiment.

Points (i), (ii) and (iii) are relevant to covert participant observation. Even so, I wonder how the members of the religious group would have felt to discover that apparent fellow believers were just pretending in the Festinger et al study?

#### NATURALISTIC OBSERVATION IN A PUBLIC PLACE

This method of research involves observing human behaviour in a public situation, like in a shopping centre. The participants do not know that they are being observed, and thus should behave naturally. There is no gaining of consent beforehand, though some studies have tried this after the observation: to gain consent in retrospect.

Is it worse to observe without saying or to tell the person afterwards that they were being observed? For example, Griffiths (1991) and his study of fruit machine playing in UK amusement arcades. Attempting to gain consent in retrospect allows the right to withdraw or

non-participation of the data.

Only in small scale studies can participants be found after the observation and asked for consent or debriefed. This is not possible in some situations: for example, a study of aggressive incidents in bars in Canada (Graham and Wells 2001).

The general "rule of thumb" is that if individuals are in a public place where they expect to be observed by others, then there is no problem with this type of naturalistic observation.

But what about public toilets - they are public, but individuals would not expect to be formally observed?

Middlemist et al (1976) performed research on personal space in men's public toilets. They wanted to know if participants would behave differently in a crowded or empty public toilet.

In a crowded toilet, it was found that men took longer to start urinating when standing at the urinal, and urinated for a shorter time than in an empty toilet. The researchers defend themselves, in terms of ethics, by saying that the participants' faces could not be seen, only the lower torso and the stream of urine.

Psychologists argue that it is important to discover all about human behaviour, but does this research tell us anything useful? To quote the researchers: "These findings provide objective evidence that personal space invasion produces physiological changes associated with arousal" (Middlemist et al 1976 p541).

Banister et al (1994) made the point that the research "generally should not be carried out if the researcher has reason to believe that participants would refuse if given the opportunity to do so" (p23).

The British Psychological Society (1991) also adds: "...particular account should be taken of local cultural values and of the possibility of intruding upon the privacy of individuals who, even while in a normally public space, may believe they are unobserved" (p10).

## INTERVIEW OR QUESTIONNAIRE

These methods, based upon asking questions, are used commonly to gain a large amount of data quickly in the case of large scale questionnaires, or to gain deeper insight into motivations and behaviour with in-depth interviews.

The main ethical issue here is the invasion of privacy with personal questions. This is seen as acceptable if the participants have given their consent to take part in the study. But questions relating to privacy can be stressful, and the true meaning of the questionnaire may be hidden in order to avoid interviewee

bias: ie giving the expected answers.

It is a delicate balance between the validity of answers (ie: honesty and accuracy) and ethical issues, particular for difficult areas of study, like men visiting female prostitutes (Hoigard and Finstad 1992 - Norwegian study) or admitting to mental illness (eg Brewer 2002).

Researchers using unstructured interviews have become concerned about the amount of disclosure of personal information by the participants, and the distress of such disclosure. But, in particular, how should the researcher respond to a distressed interviewee, and should the researcher also disclose personal information to avoid power imbalances in the interview?

Concern for these issues has led to "democratising practices" by interviewers. For example, Oakley (1985) built relationships with her interviewees outside the interview situation in her study of housewives. While Banister et al (1994) suggested that researcher power is reduced by making it clear that the interviewee owns the material produced in the interview.

## CASE STUDY

A case study gives a detailed picture of an individual or a small group. Usually it is known that the study is taking place, and the individual or group are fully involved. The only ethical concern is the invasion of privacy in collecting the data, and particularly if the individual or group are not providing the information directly.

Classic examples of the case study include "Eve White" (Thigpen and Cleckley 1954) - a woman with multiple personalities, and the study of "S.B" (Gregory and Wallace 1963), a man visually impaired most of his life, who regained his eyesight after an operation at 52 years old.

## CONCLUSION

Reason and Rowan (1981) suggested a simple but effective maxim for ethical concerns: "good research means never having to say you are sorry".

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## Hegemony (Antonio Gramsci)

Influenced by Karl Marx, Antonio Gramsci (1891-1937) was a leader of the Italian Communist Party. From 1926 to his death, he was imprisoned by Mussolini.

Gramsci, following in the tradition of Marx, was interested in how the ruling (bourgeois) class maintained power in a capitalist society.

For Marx, the answer was that the ruling class had power (economic and political), and this allowed them to impose force (through the police and military, if necessary) to ensure compliance of the masses.

Gramsci believed that just as important as power was the fact that the ideas of the ruling classes were dominant over those of the subordinate classes (ie became the "official ideology").

This is called hegemony, when achieved with the consent of society and not by force. The ruling class are so effective in maintaining power because their ideas through the media promote and strengthen their position. Thus the ownership of the means of communication are key. Also education has a role to play.

In other words, the ideas that keep the ruling class in power become accepted as "normal" by the vast majority of society.

Hegemonic ideology "seeks to persuade people that their lot in life is a just one, or dictated by the logic of industrial organisation, or by virtue of the immanent necessity for authority, or that their ability to find work depends upon the wise conduct of industry by those who own and control it.." (Worsley 1977 p452).

Change in society comes when the hegemony of ruling ideas are challenged. In practice, hegemony "is not a state of ideological dominance but a continuous struggle for power in which all social groups participate albeit unequally" (Phillips 1998 p847).

In order to rule without force, concessions have to be made by the ruling class: ie they adapt the State policies to benefit the subordinates.

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